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## \*BIBDATASHEET\*

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<b>SERIAL NUMBER</b> 10/780,325	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1652	<b>ATTORNEY DOCKET NO.</b> 02-04CIP3
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/745,069 12/23/2003 PAT 7,186,691  
 which is a CIP of 10/322,266 12/17/2002 PAT 7,166,575  
 and claims benefit of 60/493,226 08/07/2003  
 and claims benefit of 60/501,170 09/08/2003  
 and claims benefit of 60/510,785 10/10/2003  
 and claims benefit of 60/517,290 11/04/2003  
 and claims benefit of 60/518,812 11/10/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED STATES OF AMERICA PCT/US03/40538 12/17/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 16	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

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## TITLE

COMPOSITIONS AND METHODS FOR ENHANCED MUCOSAL DELIVERY OF Y2 RECEPTOR-BINDING  
 PEPTIDES AND METHODS FOR TREATING AND PREVENTING OBESITY

<b>FILING FEE RECEIVED</b> 2018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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